

Surgical Cases

Service of

H. F. BIGGAR, Jr., M. D.

1896

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Case I.—Mrs. S.—aet. 50. Two years ago was operated on by a skilled surgeon for carcinoma of the mamma; it returned, and she consulted me for a second operation. The disease was located in the old cicatrix and had encroached upon the axilla. The incision followed the scar of the former operation and the cicatricial tissue was dissected away. The axillary glands were found to be enlarged and hard; they were carefully removed one by one far up in the arm pit and a short distance down the arm. The indurations followed closely the course of the large vessels, and in particular the axillary vein. Some of the glands were attached to the sheath of the vein itself and required most careful dissection to remove them without injury to the vessel. They extended up into the space of Mohrenheim and even so far as the internal surface of the clavicle.

The dissections in the proximity of the large blood vessels were entirely done with the fingers. After all

the enlarged glands had been removed and the oozing of the small vessels stopped by means of pressure with iodoform gauze, the incision was closed with a continuous catgut suture. Three silkworm gut sutures were put in as stays. A strip of iodoform gauze was left in the axillary extremity of the wound for drainage; also at the lowest point of the subcutaneous wound a puncture was made with a knife through the skin and a glass drainage tube introduced. The wound was dusted with iodoform and dressed antiseptically with iodoform and sublimated gauzes, cotton and a many-tailed bandage over all. In twenty-four hours the dressings were saturated with watery exudate. They were changed, and in forty-eight hours, the dressings being clean, both drainages were removed and the loose stitch drawn taut.

Against all persuasion, the patient refused to remain in the hospital longer than six days, as she felt so well, and returned home. Her family physician reports a rapid recovery to health with no return so far, though only eighteen months have elapsed.

Of all tumors of the breast, carcinoma occurs in about 87 per cent. Operative procedure must be done early in the course of the disease, in fact, an early diagnosis is most important to cure. Halstead finds that by his operation he lowers the mortality considerably. By the old method of the simple elliptical incision, the short axis of the ellipse hardly brought the incision free from the skin involvement. Then the circular incision was used and is still today. But as the sheath of the pectoralis muscle is frequently involved, and even the muscle itself, Halstead began his incision high up, almost over the outer end of the clavicle, and by sweeping inwards and downwards,

toward the sternum, encircled the breast, ending in the first line of incision. He removes the breast, pectoralis major and all the glands in this region, in Mohrenheim's space and in the axillary space. He finds that a higher percentage of those operated on pass the 3½ year limit, and surely in this dread disease a woman should be given every opportunity. It is a question as to whether all glands should be removed. Some take out healthy glands on suspicion, but, as every healthy gland has a function to perform, a great deal of usefulness is lost by so doing.

Case II.—Carl G.—æet. 15. Eighteen months ago he fell from a bicycle and injured his right hip. It refused to get well, and he was obliged to be in bed for eight weeks. Since the injury he has been greatly troubled with his leg. At times he could not even sit up and has been confined to his bed ever since. He was sent to a sanitarium and treated for rheumatism for six weeks with no result. On his coming to me I found a distinct tubercular history on the maternal side. I put him under chloroform and gave him a thorough examination, and found impairment of motion of the right hip joint and considerable difference in the dimensions of the two legs. In length, from ilium to malleolus, the right was one inch shorter. The calf of the right leg was one-half inch smaller, and the thigh less by three-fourths of an inch.

I painted the right hip daily for a week with tincture iodine, and gave him internally rhus toxicodendron. For six weeks I gave electricity daily along the course of the sciatic nerves and along the hip and thigh, anteriorly and posteriorly, from the spine to the knee. He was massaged daily by a professional masseur, and during the entire

course of treatment he wore a brace of my design—a modification of Thomas' extension brace. At the end of six weeks he went home cured; the measurements of the two legs are identical, and he walks, runs, rides a bicycle and has full faculties of his leg as before.

Case III.—Mrs. W——, aet. 32. She came to me suffering from a growth of some kind in the abdomen. The symptoms she presented were frontal and occipital headache, severe pain in her back, prostration, urine frequent and scanty, and bowels very irregular and constipated.

The tumor was of such size that it encroached upon the free motion of the lungs, and she had great difficulty in breathing. At times she would become almost asphyxiated. On examination I found she had a large ovarian cyst of the left organ. She had been to a surgeon of repute who had declined to operate, believing that her condition was so low as to contra-indicate it. She was in the hospital two days before the operation in order to tone up the heart and general condition. She was given two-drop doses of digitalis every four hours, and a whiskey sling immediately before the operation. She also had hot water given her three times a day in pint draughts, and a pint three hours before the operation, in order to thoroughly soak the tissues of the body and overcome the distressing after-thirst.

Chloroform was given and the abdomen opened. The diagnosis was correct. The cyst was found to be adherent to the peritoneum and to the tube and broad ligament of the left side as well as to the intestines and omentum. It was emptied of four gallons of thick, heavy, pea-soup fluid. Then, after very careful dissec-

tions, the adhesions were broken up and the sac removed. The pedicle was short and conical and was difficult to tie, but was made secure by a double transfixion ligature. All the small bleeding points were carefully taken up and tied and the abdominal cavity washed out with sterile water, as despite our most careful efforts fluid leaked into the abdomen. Otherwise the cavity would have been dressed perfectly dry, as I believe in such cases that the bacilli, not having the necessary moisture for their development, are retarded in growth.

On account of the extensive adhesions and possible subsequent oozing, I put in a Mikulicz tampon, leaving two sutures loose for that purpose. The remainder of the incision was sewed up by three steps, *i. e.*: peritoneum, muscles and integument. The wound was dressed antiseptically—the hermetical dressing being impracticable with the handkerchief of Mikulicz.

On the second day the tampon was removed and the wound closed, dressed hermetically and left till the ninth day, when the integumental stitches of silkworm gut were removed. The wound healed nicely and kindly with minimum shock and no undue rise of temperature. Owing to the water treatment there was little or no thirst after the operation. At the end of four weeks she went home apparently well. She has never had any of the former symptoms and feels like a different woman. The tumor and contents weighed forty-five pounds. The operation was over a year ago and there has been no sign of weakening of the abdominal walls.

